

10/52639

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1													
2								51					
3								52					
4								53					
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44								93					
45								94					
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47								96					
48								97					
49								98					
50								99					
TOTAL IND.		↓		↓		↓		TOTAL IND.		↓		↓	
TOTAL DEP.		←		←		←		TOTAL DEP.		←		←	
TOTAL CLAIMS								TOTAL CLAIMS					